

INFORMASI ARTIKEL

Received: May, 15, 2026

Revised: June, 01, 2026

Available online: June, 02, 2026

at: <https://e-jurnal.ipphorr.com/index.php/mhc>

The combination of reprimand techniques and psycho-religious therapy (dzikir) on the ability to control auditory hallucinations in patients with schizophrenia

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Abstract

Background: Schizophrenia is one of the mental disorders characterized by positive psychotic symptoms, such as hallucinations, delusions, disorganized speech, and disorganized or catatonic behaviour. It was recorded that 40.5% of patients experience these symptoms, which, if left untreated, can trigger violent behaviour.

Purpose: To determine the effect of the combination of reprimanding techniques and psych religious therapy (dhikr) on the ability to control auditory hallucinations in schizophrenia patients.

Method: A quantitative method with a Quasi-Experimental design thru a Two Group Pretest-Posttest with Control Group approach. The sample consisted of 30 respondents selected thru purposive sampling. The research instrument used the Auditory Hallucination Rating Scale (AHRs) observation sheet to assess the level of hallucinations before and after the intervention.

Results: The average hallucination score of the intervention group significantly decreased from 38.53 (very severe) to 29.27 (severe). Statistical tests showed a p-value of 0.000 (< 0.05), which means there is a significant effect of the combination of reprimanding techniques and dhikr on the ability to control hallucinations.

Conclusion: The combination of reprimanding techniques and dhikr is effective in improving the ability to control auditory hallucinations. The recommendation in this study is for health institutions to implement this therapy as a standard for comprehensive mental health nursing care.

Keywords: Auditory Hallucinations; Dhikr; Schizophrenia; Scolding Technique.

INTRODUCTION

Mental health remains one of the major challenges in healthcare systems worldwide. According to the World Health Organization (WHO), more than 450 million people globally have experienced mental and neurological disorders at some point in their lives. Mental disorders are categorized as non-communicable diseases whose prevalence continues to increase annually (Waja, Syafei, Putinah, & Latifah, 2023). Schizophrenia is a severe mental disorder characterized by positive psychotic symptoms, including hallucinations, delusions, disorganized speech, and disorganized or catatonic behaviour. In addition, patients may experience negative symptoms such as reduced motivation, diminished emotional expression, and cognitive impairments involving

executive functioning, memory, and information-processing speed (Amelia, Rafiyah, & Widiyanti, 2025). Hallucinations are disturbances in sensory perception that cause individuals to perceive stimuli or objects despite the absence of external sensory input. These perceptual disturbances may involve various sensory modalities, including auditory, visual, olfactory, gustatory, and tactile senses (Rohani, Utami, & Hasanah, 2025).

In 2022, approximately 24 million people worldwide were reported to be living with schizophrenia, indicating a substantial increase in cases globally. Based on global data, Asia has the highest prevalence of schizophrenia. South Asia and East Asia rank first and second, with approximately

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7.2 million and 4 million cases, respectively. Southeast Asia ranks third, with around 2 million reported cases (Raziansyah & Tazkiah, 2023). In Indonesia, approximately 315,621 households have family members diagnosed with schizophrenia, while 630,827 individuals aged 15 years and older suffer from depression (Romadhoni, Rahmawati, & Apriliyani, 2026). It is estimated that 1–3% of the Indonesian population experiences severe mental disorders. The total number of people with mental health disorders in Indonesia has exceeded 28 million. Of these, approximately 14.3% experience mild mental disorders, while around 17%, equivalent to about 1,000 individuals, suffer from severe mental disorders (Ananda, 2025). Data from psychiatric hospitals in Indonesia indicate that a considerable proportion of patients with mental disorders experience hallucinations. Approximately 20% experience visual hallucinations, while another 20% experience olfactory, gustatory, or tactile hallucinations. Auditory hallucinations are the most prevalent type, affecting up to 70% of patients (Gustina, Purwaningsih, & Khairani, 2025). According to the Indonesian Health Survey (SKI) 2023, the prevalence of households with family members suffering from schizophrenia or psychosis reached 3.0%. The highest prevalence was reported in the Special Region of Yogyakarta at 7.8%, while the lowest was recorded in Highland Papua Province at 0.2%. In Lampung Province, the prevalence was 2.0%, placing it in the moderate category of schizophrenia and psychosis cases in Indonesia. Lampung ranked seventh nationally in terms of schizophrenia prevalence. Data from the Lampung Provincial Mental Hospital revealed a significant increase in cases, from 15,720 patients with mental disorders in 2022, of whom 47.2% had schizophrenia, to 17,528 cases in 2023, with 50.7% diagnosed with schizophrenia (Yanti, 2024).

Among these patients, approximately 50% experienced hallucinations, consisting of 40.5% auditory hallucinations and 9.5% visual hallucinations. These findings highlight that auditory hallucinations remain a significant mental health problem (Nandasari, 2025). Management of hallucinations can be conducted through both pharmacological and non-pharmacological approaches. Non-pharmacological interventions used to control auditory hallucinations

include music therapy, occupational therapy, reprimand therapy (Hardik Therapy), and psycho-religious dhikr therapy (Amalina, 2024). Music therapy aims to create a relaxing and pleasant atmosphere, stimulating the release of neurochemicals such as Gamma-Aminobutyric Acid (GABA) and beta-endorphins. These substances help reduce neurotransmitters associated with stress, anxiety, and psychological distress, thereby promoting relaxation and improving mood. Music also influences imagination, intelligence, and memory, while stimulating the pituitary gland to release endorphins (Asmaya, Syukriadi, & Mansuriza, 2025).

Occupational therapy assists individuals with physical or mental disorders by facilitating adaptation to their environment and improving, restoring, and enhancing their quality of life. This therapy includes activities aimed at strengthening daily living skills and motor functions, such as drawing and other creative tasks (Jihandoko, 2025). Reprimand therapy (Hardik therapy) is a technique applied to patients with schizophrenia experiencing auditory hallucinations. This approach helps patients gain control over hallucinations by actively rejecting or ignoring hallucinatory stimuli. The technique trains patients to respond adaptively to hallucinations, thereby improving their ability to manage hallucinatory experiences effectively. Psycho-religious dhikr therapy utilizes the practice of dhikr as a therapeutic medium. This intervention has proven beneficial for patients experiencing hallucinations because focused and consistent engagement in dhikr helps divert attention away from hallucinatory voices and redirects concentration toward spiritual activities (Nashiha, 2025).

A quasi-experimental study demonstrated the effectiveness of reprimand therapy. Using a one-group pretest-posttest design, the study involved ten patients who received reprimand therapy for three consecutive days, with one 15-minute session each day. Patients were guided by nurses to actively reject hallucinations using the reprimand technique. The results showed a significant improvement in patients' ability to control hallucinations, with mean scores increasing from 3.50 before the intervention to 7.00 after the intervention (Sari, Soleman, & Rekningsih, 2023). Similarly, dhikr therapy has been shown to effectively reduce the signs and symptoms of

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Doi: 10.56922/mhc.v5i2.3291

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hallucinations. The average severity of hallucinatory symptoms after receiving dhikr therapy was significantly lower compared to the pre-intervention condition (Fernanda, Fitri, & Hasanah, 2025). The increasing prevalence of mental disorders has become a growing concern and often remains an unnoticed threat within society, particularly among adolescents and adults. Mental health disorders have shown a substantial increase worldwide, with the number of affected individuals rising annually across different regions of the world (Jannah & Alini, 2025). Based on a preliminary survey conducted on October 8, 2025, among ten patients experiencing hallucinations, eight individuals (80%) reported auditory hallucinations, while two individuals (20%) experienced visual hallucinations. Existing interventions implemented at the facility included music therapy, cleaning activities, drawing therapy, and murottal (Qur'anic recitation) music therapy.

RESEARCH METHOD

This is an experimental study using a quasi-experimental design with a two-group pretest-posttest design and a control group. This study has received ethical approval from the Health Research Ethics Committee (KEPK) of Universitas Mitra Indonesia. The approval letter number is No. S25/029/FKES10/2026, and the study was conducted at the Aulia Rahma Clinic in Bandar Lampung. The population and sample of this study consisted of all schizophrenia patients experiencing auditory hallucinations, totalling 30 patients, selected using a non-probability sampling technique, specifically purposive sampling. The independent variables in this study were psycho-religious therapy (remembrance of God) and scolding. Meanwhile, the dependent variable in this study was auditory hallucinations. The research instruments used were SOPs, observation sheets, and HARS questionnaires. Statistical analysis was performed using a paired t-test.

RESEARCH RESULT

Table 1. Participants Characteristics (N=30)

Variable	Intervention (n= 15)	Control (n= 15)
Age (n/%) (Mean±SD) (Range) (Year)	(47.5±9.2) (30-62)	(43.3±7.6) (30-62)
30-45	6/40.0	9/60.0
46-55	5/33.3	5/33.3
56-62	4/26.7	1/6.7
Employment (n/%)		
Laborer	4/26.7	4/26.7
Farmer	2/13.3	3/20.0
Unemployed	6/40.0	4/26.7
Self-employed	3/20.0	4/26.7
Length of Care (n/%)		
<1 year	4/26.7	0/0.0
1–5 years	11/73.3	6/40.0
6–10 years	0/0.0	9/60.0

The baseline characteristics showed that the intervention group had a slightly higher mean age than the control group (47.5 ± 9.2 vs. 43.3 ± 7.6 years). Most participants in both groups were aged 30–45 years, while a higher proportion of participants aged 56–62 years was observed in the intervention group. Regarding employment status, the majority of participants in the intervention group were unemployed (40.0%), whereas the control group had a more even distribution across occupations. In terms of length of care, most participants in the intervention group had received care for 1–5 years (73.3%), while the majority of the control group had received care for 6–10 years (60.0%).

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Table 2. Average Hallucination Symptoms

Variable	Mean	SD	SE Mean	Min/Max
Pretest				
Intervention	38.53	2.800	0.723	35-43
Control	28.07	2.344	0.605	25-33
Posttest				
Intervention	29.27	1.831	0.473	26-32
Control	24.73	1.163	0.300	23-27

The pretest results showed that the intervention group had a higher mean score than the control group (38.53 ± 2.80 vs. 28.07 ± 2.34). Following the intervention, the mean score in the intervention group decreased to 29.27 ± 1.83 , while the control group also showed a decrease to 24.73 ± 1.16 . The reduction in scores was greater in the intervention group (9.26 points) compared to the control group (3.34 points), indicating a more substantial improvement after the intervention. The standard deviations and standard errors suggest relatively low variability of scores within both groups at pretest and posttest.

Table 3. Results of the Normality Test

Variable	P Value	Keterangan
Pre-intervention Test	0.125	Normally distributed
Post-intervention Test	0.436	Normally distributed
Pre-control Test	0.663	Normally distributed
Post-control Test	0.262	Normally distributed

Based on the results of the normality test in Table 3, it is evident that the p-values for the pretest and posttest data on hallucination symptoms in the intervention group are > 0.05 ; therefore, it can be concluded that the data in the intervention group are normally distributed. Meanwhile, in the control group, the p-values for the pretest and posttest data are also > 0.05 , indicating that the control group's data are also normally distributed.

Table 4. Homogeneity Test Results

Variable	P Value	Description
Pre test	0.272	Homogeneous
Post Test	0.089	Homogeneous

Based on the results of the homogeneity test presented in Table 4, the significance value (Sig. Based on Mean) for the pretest data was 0.272, which is > 0.05 . The significance value (Sig. Based on Mean) for the posttest was 0.089, which was also > 0.05 . Thus, it can be concluded that the variance of the pretest and posttest data between the intervention group and the control group is homogeneous or the same.

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Table 5. Changes Before and After Treatment

Variable	Mean	SD	P-Value
Intervention			
Pretest	38.53	2.800	0.000
Posttest	29.27	1.831	
Control			
Pretest	28.07	2.344	0.000
Posttest	24.73	1.163	

Based on Table 5, the results of the paired t-test show that in the intervention group, there was a significant change in the ability to control hallucinations between before and after the administration of a combination of rebuke techniques and psycho-religious therapy (dzikir) ($p < 0.05$). The intervention group's score after receiving the combined therapy decreased from 38.53 to 29.27, representing a score reduction of 9.26. In the control group, there was a significant change between the pre-test and post-test ($p < 0.05$), with the score dropping from 28.07 to 24.73, a decrease of 3.34. However, the magnitude of the change in the intervention group was higher than that in the control group, indicating that the combined therapy was effective in reducing patients' ability to control hallucinations.

DISCUSSION

The univariate analysis showed that the mean hallucination symptom score in the intervention group before treatment was 38.53, while the control group had a mean score of 28.07. Hallucinations are sensory perception disturbances in which individuals experience unreal sensations, such as hearing voices, seeing objects, or feeling stimuli that do not actually exist (Sujiah et al., 2023). The high level of hallucination symptoms before the intervention may be associated with psychosocial stress, social withdrawal, and limited engagement in meaningful activities. Prior to treatment, patients frequently reported hearing voices, talking to hallucinations, seeing frightening objects, and experiencing fear and anxiety. Most patients were only able to recognize the characteristics of their hallucinations but lacked effective strategies to control them (Arifin et al., 2024).

The findings of this study demonstrated that the combination of reprimand technique (hardik) and psycho-religious dhikr therapy effectively reduced hallucination symptoms among patients with schizophrenia. After the intervention, the mean hallucination score in the intervention group decreased from 38.53 (SD = 2.800) to 29.27 (SD = 1.831), representing a reduction of 9.26 points. In contrast, the control group, which received only the reprimand technique, showed a smaller decrease from 28.07 (SD = 2.344) to 24.73 (SD = 1.163), with a reduction of 3.34 points. Paired t-test analysis revealed statistically significant improvements in both groups ($p < 0.05$), although the reduction was greater in the intervention group.

The reprimand technique is a cognitive-behavioural strategy that helps patients actively reject and challenge hallucinatory stimuli when they occur. This intervention encourages patients to recognize hallucination triggers and develop self-control over their responses (Hidayatulloh et al., 2024). Previous studies have reported significant improvements in patients' ability to control hallucinations after receiving reprimand therapy, with increases in hallucination-control scores following several days of structured practice (Sari et al., 2023; Prasemianti, 2025).

Similarly, psycho-religious dhikr therapy has been shown to reduce the severity of hallucination symptoms by promoting relaxation, emotional stability, and spiritual well-being. Through repetitive remembrance of Allah, patients are able to redirect their attention away from hallucinatory voices and focus on meaningful spiritual activities (Pamungkas et al., 2025). Previous studies reported significant reductions in hallucination symptoms following dhikr therapy, accompanied by improved concentration,

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reduced anxiety, and enhanced emotional control (Aprillia, 2020; Arum & Azizah, 2023; Akimba, 2025).

The bivariate analysis confirmed a significant difference between the intervention and control groups. Independent t-test results showed $p < 0.05$, indicating that the combination of reprimand technique and dhikr therapy was more effective than reprimand technique alone in reducing hallucination symptoms. Furthermore, normality testing using the Shapiro–Wilk test demonstrated that all pretest and posttest data were normally distributed ($p > 0.05$), while homogeneity testing confirmed equal variance between groups ($p > 0.05$), supporting the validity of the statistical analysis.

According to the researcher's interpretation, the greater reduction in hallucination symptoms observed in the intervention group occurred because the combination therapy addressed both cognitive and spiritual aspects of symptom management. The reprimand technique enabled patients to actively reject hallucinatory experiences, while dhikr therapy provided psychological calmness and spiritual coping mechanisms. As a result, patients became more capable of redirecting their attention, engaging in daily activities, interacting socially, and controlling the occurrence of auditory hallucinations. Overall, the findings indicate that both interventions contributed to symptom reduction; however, the combination of reprimand technique and psycho-religious dhikr therapy produced a greater improvement in controlling auditory hallucinations among patients with schizophrenia. Therefore, this combined intervention may be considered an effective complementary nursing strategy for managing hallucination symptoms in psychiatric care settings.

CONCLUSION

Changes in the ability to control auditory hallucinations indicated a change in the intervention group, with a pre-intervention score of 38.53 that decreased to 29.27, moving from the “very severe” category to the “severe” category. Meanwhile, in the control group, the pre-intervention score of 28.07 decreased to 24.73; while remaining in the “severe” category, the group experienced a decrease in score. The results of the study indicate that the combination of the rebuke technique and psych religious therapy (dzikir) in the intervention group, as well as the use of

the rebuke technique alone in the control group, demonstrated a significant and comparable effect in controlling auditory hallucination symptoms among schizophrenia, with a p-value of <0.000 ($p \leq 0.05$).

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